



2015

Department of Defense

Quality and Patient Safety Awards

Application Guidance

August 2015



Department of Defense Quality and Patient Safety Awards for 2015

Application Guidance

The Department of Defense (DoD) is committed to creating a culture of safety, quality care, and innovation within the Military Health System (MHS).

The MHS Quality and Patient Safety Award recognizes efforts designed to decrease harm and improve the care delivered within the MHS. The award identifies those who have shown initiative and commitment to the development of systems and processes that are tightly organized around the patients' needs and demonstrate improvement. DoD seeks to recognize efforts that create an environment of safety, where quality care is provided, and all members of the team take responsibility.

Application Process/ Requirements:

All application packages (write-ups and attachments) must be submitted online via an online submission portal. The online submission portal will be available beginning **September 1 2015**, through ***Inside the MHS*** (<http://mhs.health.mil/>) or by contacting the Award POC for the direct link. The submission page will be available in early September and **the deadline to submit is October 9, 2015 by 11:59 PM EST.**

Questions about the process can be addressed through your Quality and Patient Safety POC's at dha.patientsafety@mail.mil.

Only **complete** award packages will be accepted for evaluation. Once your award application/package has been reviewed for comprehensiveness and accepted by the Service Quality/Patient Safety Representative, then the award point of contact and the facility Commander/Hospital Director will receive an acceptance email.

Award selections are made through an internal board process using numerous reviewers with expertise in quality improvement and patient safety, education, data analysis, information management, case/care management, patient-centered medical homes, IT, change management, and innovation.

Award recipients/winners will be notified through their respective Service Headquarters.

Eligibility Requirements: All Military Treatment Facilities (MTFs) within the MHS including In-Patient, Ambulatory Health Clinics, Dental Clinics, and Aeromedical Evacuation Units are eligible and are strongly encouraged to submit an application focusing on one of the above categories. Managed Care Support Contractors, Overseas Contractors, and Designated Providers are also encouraged to submit. Submissions that do not specifically align with one of these safety or quality categories will not be considered for review.

If you are unsure or have any questions, please feel free to reach out to your Quality and Patient Safety Award POC's at dha.patientsafety@mail.mil for further guidance.

Submission Categories

I.) Quality and Patient Safety Award

Quality and Patient Safety initiatives for award consideration should be focused on those that eliminate preventable harm and enhance the integration of nationally recognized standards of care into practice. The initiative must fall into or address one of the below categories:

1. Enhancing Culture of Safety
 - E.g. Leadership Structures and Systems that enhance safe practice and quality improvement; Demonstration of leadership involvement (i.e., executive engagement, executive rounds, leadership access reviews); Culture of Safety; Teamwork Training and Skill Building; Establishment of Risks and Hazard reduction initiatives
2. Reducing Harm and Healthcare Acquired Conditions
 - E.g. Hand Hygiene; Central Line-Associated Bloodstream Infection Prevention; Catheter-Associated Urinary Tract Infection Prevention; Ventilator Associated Events; Falls Prevention; Pressure Ulcer Prevention; Venous Thromboembolism Prevention; Surgical-Site Infection Prevention; Multidrug-Resistant Organism Prevention; Wrong-Site, Wrong-Procedure, Wrong-Person Surgery Prevention
3. Clinical Improvements through the use of Evidence Based Practices
 - E.g. Surgical care improvements; Children's asthma care; Chronic condition management (i.e. diabetes, cardiovascular, asthma, etc.); Acute condition management (low back pain, respiratory inspection, etc.); Mental Health management; Preventive Care (i.e. cancer, well child, immunizations, etc.); OB/GYN; Perinatal Care
4. Improvements Across the Continuum of Care and Preventable Readmissions
 - E.g. Coordination of care; Discharge Management; Air Evacuation; Handoffs and Transitions of Care
5. Patient and Family Activation and Engagement
 - E.g. Secure messaging; Mobile Health; Patient provider communications; Patient rounding; Community involvement; Patient engagement and education groups; Patient advisory councils
6. Surgical Quality
 - E.g. Excellence in the role of Surgical Clinical Reviewer or Surgeon Champion, as evidenced by measureable improvement in one or more National Surgical Quality Improvement Program (NSQIP) measures or improvement in the Patient Safety culture as it pertains to surgical care. Other surgical quality or Patient Safety process improvements will be considered, such as reduction in retained foreign objects, reduction in Wrong Site Surgery and efforts to optimize the patient experience associated with surgical care.

[Click Here to Jump to the Quality and Patient Safety Award Application](#)



Quality and Patient Safety Award Application Instructions:

The Quality and Patient Safety award submission is designed to provide the evaluation committee with sufficient pertinent information relative to the quality or patient safety improvement initiative's effect on improving the quality and safety of healthcare within the MHS, and its applicability for system-wide implementation.

Applicants must respond to each of the four components (**Abstract, Design/Methods, Results, Conclusion**). Use the items under each component to help guide your responses. Responses should be provided in concise factual statements. **Statements must be supported with quantitative information, where appropriate.**

*****NOTE: Please DO NOT use facility identifying information in responding to the four components of the application.**

- Abstract: **(300 word limit)** Must include the following:
 - **Reasons** for the initiative, the factors that led to the initiative
 - Clear concise statement of the project initiative and **objective(s)**
 - **Description** of how the objective was achieved and measured
 - **Summary** of the quantitative information supporting the end result
 - **Conclusion**
- Design/Methods **(1000 word limit)**
 - Description of the initiative
 - Description of the methodology used to design and implement the initiative
 - Resources that were allocated for the initiative
 - Fiscal and staff resources (Project Team Members)
 - Involvement of the organizational leaders
 - Educational requirements
 - Performance measurement
 - Description and definition of the measure(s) used
 - How data were collected
 - Amount of data collected (e.g. number of subjects)
 - Length of time over which data were collected
 - Source(s) of data
- Results **(1000 word limit)**
 - Describe the impact of the initiative
 - Trended data over time to demonstrate improvement
 - Brief description of how data was analyzed
 - How data were organized and displayed (e.g. descriptive statistics)
 - Timeframe for dissemination/feedback of data
 - To whom data were disseminated/feedback
 - Data tables/graphs
 - Describe how changes met the initiative's objective/goals
 - Describe how obstacles, resistance or other problems were overcome

*****Note:** Data must be summarized in a format that can be easily understood.



- **Conclusion (500 word limit)**
 - Did you meet the objective(s) for the initiative? Explain.
 - Considers overall practical usefulness of the intervention demonstrated locally and types of settings in which this intervention is most likely to be effective.
 - Suggest implications of this report for further studies of improvement interventions.

***Note: Conclusions drawn from the analysis were based on, and supported by the data.

- **Evidence** of sustainability of the improvements (provide data and/or other evidence)
- Support with facts/data why you believe this initiative can be replicated in other healthcare settings that provide the same service or serve the same type of population

Supporting documents in PowerPoint, Excel, Word, and, PDF formats will be accepted and can be uploaded before submitting your award package.

***Note: If there were any publications or publicity as a result of the project/initiative, please attach at the end of your application.

Example of Application Scoring Guide Used by DoD Reviewers

Evaluation criteria has been developed and assigned weights for the questions in the DoD Quality and Patient Safety Award Application. These criteria and weights have been incorporated into the scoring tool. The evaluation criteria describe what should be in place to meet basic expectations and are scored on a scale from 1-5:

5 – Response demonstrates excellence and indicates that the organization significantly exceeds normal expectations for the criteria. Strong supporting evidence and analysis are provided

4 –Response demonstrates that the organization has gone above and beyond the basic expectations outlined in the evaluation criteria. Supporting evidence and analysis are provided.

3 –Response demonstrates competence and meets the basic expectations indicated in the evaluation criteria.

2 – Response falls short of some of the basic expectations listed in the evaluation criteria. All criteria components are present but significant gaps or weaknesses are identified.

1 – The response does not meet the minimal expectations indicated by the evaluation criteria. Some criteria components were not included.

Each score will be multiplied by the appropriate weight to obtain the item score. The final score will be the sum of all the individual weighted scores.

Criteria Point Weight X Criteria Score (1-5) = Total Points



An example scoring sheet used by the evaluators is seen below.

Quality and Patient Safety Award Scoring Sheet - 2015			
Facility:			
Project:			
Contact:			
Evaluator:			
Evaluation Criteria	Criteria Point Weight	Criteria Score (1-5)	Total Points
Abstract			
The abstract clearly and briefly states: <ul style="list-style-type: none"> • Background • Objective of the initiative • Methods • Results • Conclusion 	10		
Design/Methods			
Description of: <ul style="list-style-type: none"> • Initiative • Design • Implementation • Resources utilized • Performance Measurement <ul style="list-style-type: none"> • Measures/Tools Used • Data Collection Method • Amount of / Source of Data Collected • Length of initiative/study 	20		



Results				
	Describe: <ul style="list-style-type: none"> Impact of initiative/study How data was analyzed Provide data tables/graphs Achievement of Objective Obstacles/Resistance 	20		
	Interpretation of the performance measure data is consistent with recognized principles of data analysis. <ul style="list-style-type: none"> Data must be summarized in a format that can be easily understood Conclusions drawn from the analysis were based on, and supported by the data. 	20		

Conclusion				
	<ul style="list-style-type: none"> Did you meet the objective(s) of the initiative? Explain. Considers overall practical usefulness of the intervention demonstrated locally and types of settings in which this intervention is most likely to be effective. Suggest implications of this report for further studies of improvement interventions. 			
		15		
	The initiative demonstrates sustainability over time and has been integrated into the daily activities of the organization. <ul style="list-style-type: none"> Improvement has been sustained over time The initiative demonstrates a potential to be replicated across the MHS <ul style="list-style-type: none"> Initiative has the potential to be reproduced in other organization or other areas within the organization 	15		
	Total Score			